

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 091940919  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1		1		52						
3							53						
4				1		1	54						
5			1		1		55						
6				1		1	56						
7				1		1	57						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3		2		TOTAL IND.						
TOTAL DEP.			3		3		TOTAL DEP.						
TOTAL CLAIMS			6		5		TOTAL CLAIMS						